

DMHAS Consumer Satisfaction Survey Instructions – FY 2021

[Consumer Satisfaction Survey Web Page](#)

The Department of Mental Health and Addiction Services (DMHAS) administers an annual consumer satisfaction survey as part of its continuous quality improvement activities. Satisfaction results are incorporated into provider quality reports and serve as a performance indicator for state funded and operated providers of service.

Surveys Are Due on September 30, 2021

Due to the challenges of the ongoing pandemic, sample size is more of a target or goal this year than hard requirement.

Participation in the annual Consumer Satisfaction Survey process is required for all providers of mental health and/or substance abuse services in the following categories:

- DMHAS-operated
- DMHAS-funded by Human Services Agreement contract
- Please see table at end of document for detailed list of levels of care that participate in the survey (updated December 2020)

New in 2021 – Online Survey Option

Please visit the **[Consumer Satisfaction Survey Web Page](#)** for additional information.

Publicizing the Survey

Publicize the survey in advance! We suggest:

- Posters and flyers
- Announcements in meetings
- Mailings
- Verbal reminders to staff and clients
- Meetings scheduled with consumers specifically to announce the beginning of the Consumer Satisfaction Survey process

Consumer Anonymity

- **DMHAS recommends the involvement of people in recovery in the presentation of the survey to program participants.**
- It is most important to administer the surveys in a manner that ensures and communicates anonymity to the people that are responding.
- Several DMHAS providers have reported that assistance by “non-interested/neutral” persons such as peers, peer advocates, other advocacy groups or non-direct service staff improved the response rate and comfort level for respondents.
- **Many providers have implemented a “drop box” system where a client is able to return a survey without having to involve handing it to a staff person.**

Consumers Have a Choice

- **The completion of surveys by the person in treatment should be voluntary.**
- Please reinforce the importance and value of consumer opinion; explain that this survey is a major tool that DMHAS uses to understand consumer need.
- If someone indicates that s/he has already completed a survey for another program in your agency, or while receiving treatment from another agency during this fiscal year, **do not administer the survey to that person again, unless the consumer indicates interest.**
- If the consumer does not wish to answer certain questions on the survey, that is their choice.

Program-Level Reporting vs. Provider-Level Reporting

- DMHAS completes statewide analyses of all the survey data at the close of the fiscal year, and reports the results of these analyses thereafter. Provider level reports are distributed to key contacts.
- Provider agencies have the choice of collecting and identifying surveys by specific programs within their organization, or from the organization as a whole. This decision should be made by organizational management.
- Program-specific surveys provide the most meaningful and useful information to the provider, but we recognize that this may be especially challenging during the COVID-19 pandemic.

Sample Size

The *suggested* sample size for each provider should be based on the unduplicated client count for the first quarter of FY20. You may generate unduplicated client counts from the Unduplicated Clients report located in the Client Reports folder, DMHAS Enterprise Data Warehouse.

- Enter **07/01/2019** for the Start Date and **10/01/2019** for the End Date. (First Quarter of FY20)
- Select the relevant programs and your preferred sorting order – we suggest **Level of Care Type**, then **Level of Care Mode**, then **Program Name**.
- Use the numbers in the **Active** column to calculate your sample size. You can also use this handy Sample Size Calculator: <https://www.surveysystem.com/sscalc.htm> - use 7 for Confidence Interval, enter the Active number into the Population box, then click the Calculate button.

➡ Note: if the unduplicated client count is 15 or fewer, you do not need to collect surveys for that program. ⬅

(Sample Size Table on next page)

If Your Unduplicated Client Count is Equal to This Number....	...Your Sample Size is This Number (95% C.L. +/-7%CI)
20	18
30	26
40	33
50	40
60	46
70	52
80	57
90	62
100	66
150	85
200	99
250	110
300	119
350	126
400	132
450	137
500	141
600	148
700	153
800	158
900	161
1000	164

Survey Instrument – FY21

The standard survey instrument is comprised of the 28-item MHSIP survey with the addition of 4 cultural competence questions which are being piloted this year.

The WHOQOL-BREF Quality of Life (QOL) instrument is offered as a **completely voluntary¹ and separate option** for your agency, to be used **however you wish**.

Another optional survey for FY21 is the **Health-Related Outcomes** module, which may be used by your agency or LMHA to collect basic health information about consumers who answer the main satisfaction survey. It contains 8 questions from the Behavioral Risk Factor Surveillance System (BRFSS), developed by the CDC.

Please note that neither the QOL nor the Health-Related Outcomes measures are available through the online survey option.

➡ Behavioral Health Home providers² are required to use the **BHH version** of the Consumer Satisfaction survey, which contains additional questions. Non-BHH providers are welcome to use the survey if they wish, but it is not required to be used by non-BHH providers.

¹ If your agency chooses to collect optional data, your agency staff will be responsible for data entry into DDaP.

² Current BHH providers: BHcare, Bridges, Capitol Region Mental Health Center (CRMHC), Community Health Resources (CHR), Community Mental Health Affiliates (CMHA), Connecticut Mental Health Center (CMHC), InterCommunity, River Valley Services (RVS),

The 2021 Consumer Satisfaction Surveys, optional QOL instrument, and optional Health-Related Outcomes instrument are all available in English as well as Spanish on the DMHAS Consumer Satisfaction Survey website: [Consumer Satisfaction Survey Web Page](#)

The Consumer Satisfaction Survey System / Submission of Survey Data

Paper Surveys

All data collected via paper survey must be entered via the Consumer Satisfaction Survey module, accessible through the DMHAS Suite of Applications portal (DDaP.) DDaP allows providers with access rights to easily enter the Consumer Satisfaction Survey data, either by specific program, or by the agency as a whole without identifying a particular program.

[Click here to access the User's Guide for the Consumer Satisfaction Survey module](#)

All users of DDaP should have access to the Consumer Satisfaction Survey module by default. Users without existing DDaP accounts, [please visit the EQMI web page by clicking this link](#) and selecting the appropriate option from the "DDaP Forms" section.

DMHAS does not provide data entry services. Please plan ahead to ensure that your agency has adequate data entry staff for the Consumer Satisfaction Survey.

A few suggestions regarding record keeping and data entry:

- After a survey is entered into DDaP, a **survey ID** will be assigned to it and listed on the Existing Surveys page. It is often beneficial to write this survey ID on the hard copy of the survey that was just entered so that any issues can be tracked back to the original survey.
- One data issue that we encounter each year is that some providers forget to enter the second page of the consumer survey into DDaP. There is a "Page 2" tab at the top of the consumer survey data entry page to get to page 2. Please make all data entry staff aware of this to avoid having to go back and re-enter data after the fact (also provides a good example of how recording the survey ID on the hard copy can be very useful).
- After data is entered into DDaP, you may discard the paper surveys (make sure all the pages are entered!)

Online Surveys

If your organization opts to use online surveys in addition or instead of the customary paper survey, data will be automatically collected via the SurveyMonkey platform and no additional data entry will be required. Please review the materials specific to online surveys to familiarize yourself with this new process.

Questions?

Karin Haberlin, Program Manager

Karin.Haberlin@ct.gov

Kristen Miller, Associate Research Analyst

Kristen.Miller@ct.gov

Michael Giralmo, EQMI Director

Michael.Giralmo@ct.gov

Thank you!

DMHAS Levels of Care Required to Participate in the Annual Consumer Satisfaction Survey

(Modified December 2020)

Program Type	Level of Care Type	Level of Care Mode
Addiction	Case Management	Intensive Case Management
Addiction	Case Management	Standard Case Management
Addiction	Employment Services	Employment Services
Addiction	IOP	Standard IOP
Addiction	Medication Assisted Treatment	Methadone Maintenance
Addiction	Outpatient	Gambling Outpatient
Addiction	Outpatient	Standard Outpatient
Addiction	PHP	Partial Hospitalization Services
Addiction	Residential Services	Intermediate/Long Term Res.Tx 3.5
Addiction	Residential Services	Long Term Care 3.3
Addiction	Residential Services	Recovery House
Addiction	Residential Services	SA Intensive Res. Rehabilitation 3.7
Addiction	Residential Services	Transitional/Halfway House 3.1

Mental Health	ACT	Assertive Community Treatment
Mental Health	Case Management	Standard Case Management
Mental Health	Case Management	Supportive Housing (Development/Scattered Site)
Mental Health	Community Support	CSP
Mental Health	Education Support	Education Support
Mental Health	Employment Services	Employment Services
Mental Health	IOP	Standard IOP
Mental Health	Outpatient	Gambling Outpatient
Mental Health	Outpatient	Standard Outpatient
Mental Health	PHP	Partial Hospitalization Services
Mental Health	Residential Services	Group Home
Mental Health	Residential Services	MH Intensive Res. Rehabilitation
Mental Health	Residential Services	Supervised Apartments
Mental Health	Residential Services	Transitional